

PRENATAL CARE

Prenatal care is an important factor in achieving a healthy pregnancy outcome. Receiving early prenatal care can help to reduce the incidence of perinatal illness, disability, and death by providing health care advice to mothers and identifying and managing any chronic or pregnancy-related risks. The percentage of mothers receiving prenatal care in their first trimester of pregnancy increased slightly from

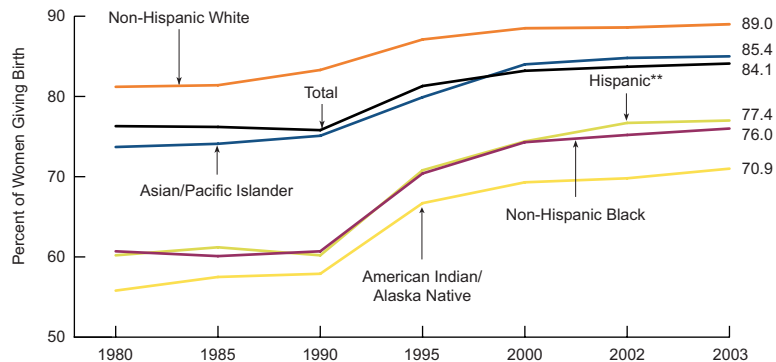
2002 to 2003, from 83.7 percent to 84.1 percent. Overall this figure has risen 11 percent since 1990, when only 75.8 percent of women received first trimester care.

Although a positive trend was observed among most racial/ethnic groups, there are still great disparities among these groups in the likelihood of entering care early in pregnancy. In 2003, 89.0 percent of non-Hispanic White women entered care in the first trimester, fol-

lowed by Asian/Pacific Islander women at 85.4 percent, Hispanic women at 77.4 percent, non-Hispanic Black women at 76.0 percent, and American Indian women at 70.9 percent. Since 1990 the total number of women receiving late or no care has dropped from 6.1 to 3.5 percent although the rate of late or no care remains high among American Indian/Alaska Native women (7.6 percent), non-Hispanic Black women (6.0 percent), and Hispanic women (5.3 percent).

Mothers Beginning Prenatal Care in the First Trimester, by Race/Ethnicity, 1980-2003*

Source (II.17): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

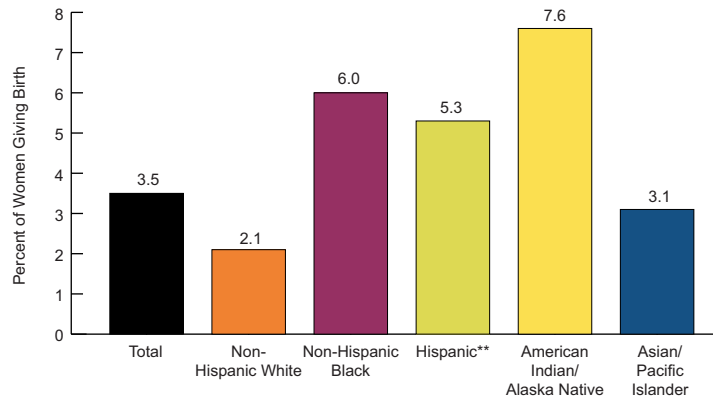


*2003 data are preliminary.

**May be of any race.

Mothers Receiving Late or No Prenatal Care, by Race/Ethnicity, 2003*

Source (II.17): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



LIVE BIRTHS

There were just over 4 million births in the United States in 2003, which is slightly higher than the number of births in 2002. This is reflected in the birth rate, which increased from 13.9 births per 1,000 population in 2002 to 14.1 births per 1,000 in 2003. The number of births rose in nearly all racial and ethnic groups, from 1 percent among non-Hispanic White and American Indian women to 4 percent among Hispanic women and 5 percent among Asian and Pacific Islander women. The only exception to this trend was among non-Hispanic Black

women, whose births decreased by less than 1 percent between 2002 and 2003.

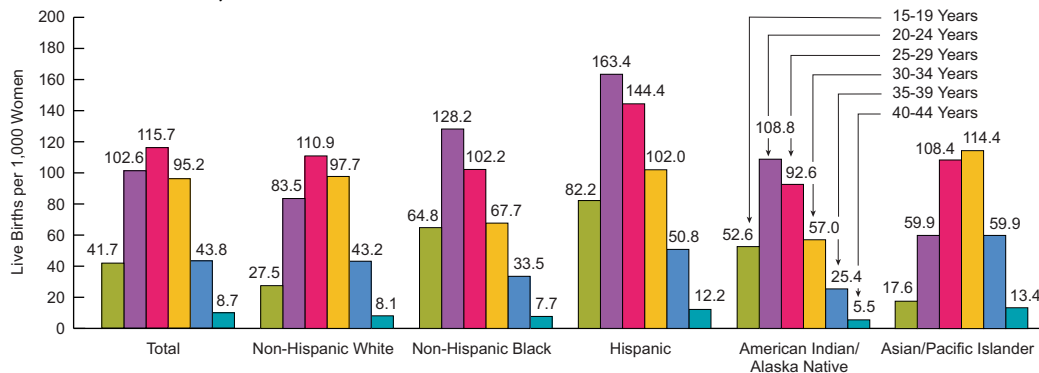
The birth rate among teenagers also reached a record low in 2003. The birth rate for teens aged 10 to 14 years dropped to 0.6 births per 1,000 females from 0.7 in 2002, and the rate for those 15 to 19 years dropped from 43.0 per 1,000 in 2002 to 41.7 in 2003. As with the total number of births, there are considerable differences in teenage birth rates by race/ethnicity. In 2003, birth rates for teenagers ages 15-19 ranged from a low of 17.6 per 1,000 Asian or Pacific Islander females to a high of 82.2 per

1,000 Hispanic females.

Of the 4 million babies born in 2003, approximately 71.4 percent were born via vaginal delivery and 27.6 percent by cesarean (for the remainder, the method of delivery was not stated). This represents an increase in the cesarean delivery rate from 2002, when 26.1 percent of births were via cesarean. However, among women who had a previous cesarean, 90.4 percent had a repeat cesarean, and only 10.6 percent had a vaginal birth. Only 19.1 percent of women without a previous cesarean gave birth via cesarean in 2003.

Birth Rates, by Age and Race/Ethnicity of Mother, 2003*

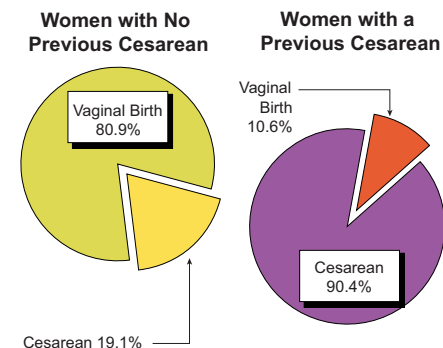
Source (II.17): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



*Preliminary data

Live Births, by Method of Delivery, 2003*

Source (II.17): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



ADOLESCENT PREGNANCY

Pregnancy rates are the total rates of live births, abortions, and fetal losses (miscarriages). Pregnancy rates among adolescents of all racial and ethnic groups have declined steadily over the past decade. Overall, pregnancy rates among those under age 15 dropped 40 percent and rates for those 15-17 declined 33 percent between 1990 and 2000 (the last year for which complete data are available). Among adolescents under age 15, the steepest decline was seen among non-Hispanic Blacks, whose pregnancy rate fell 50 percent, from 11.8 to 5.9 pregnancies per 1,000 females aged 10-14. Among adolescents aged 15-17, the total pregnancy rate declined from 80 pregnancies per 1,000 females in 1990 to 54 per 1,000 in 2000. Rates within this age group vary by race and ethnicity, with the highest rates seen among non-Hispanic Blacks, (100.7 pregnancies per 1,000) and Hispanics (83.1 per 1,000), compared to non-Hispanic White females (32.5 per 1,000). Within the 15-17 age group, the greatest decline was among non-Hispanic Blacks whose pregnancy rate fell 63 percent, from 165.0 to 100.7 pregnancies per 1,000 females.

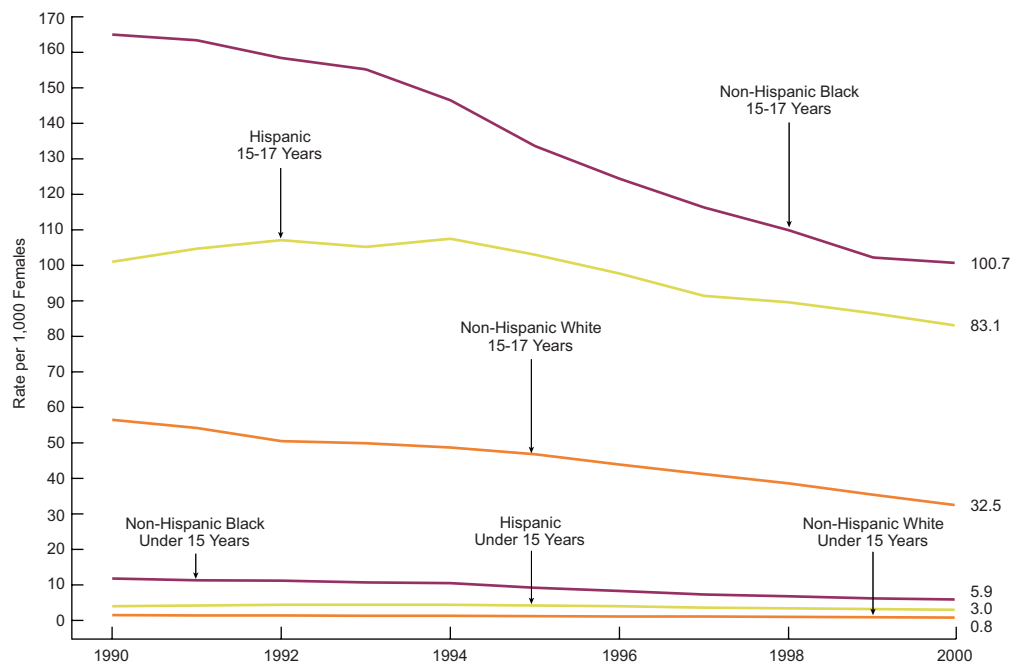
For adolescents under age 15, the rate of each potential pregnancy outcome declined about 40 percent. For those aged 15-17, the abortion rate dropped 46 percent while the rates

of live birth and fetal loss each declined by approximately 25 percent. In 2000, among those aged 15-17, a higher percentage of pregnancies resulted in births compared to those in 1990. This pattern was particularly evident

among non-Hispanic White adolescents, among whom the abortion rate declined 60 percent while the rate of live births and fetal losses dropped 32 percent.

Pregnancy Rates for Adolescents, 1990-2000, by Age and Race/Ethnicity

Source (II.18): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



CONTRACEPTION

The majority of women of reproductive age (15-44 years) in the U.S. use contraception. The percent of women in this age group who use contraception increased substantially between 1982 and 1995, from 55.7 percent and 64.2 percent, and dropped slightly to 61.9 percent in 2002. These percentages represent all women of reproductive age, not just sexually active women. Therefore, a woman's reason for non-contraceptive use is an important factor to consider when comparing these rates.

Among the 38.1 million women between the ages of 15 and 44 who were using contraception in 2002, the three most common methods were birth control pills (30.6 percent),

female sterilization (27.0 percent), and condoms (18.0 percent). The popularity of each of these methods varied substantially across age groups. More than 50 percent of women between the ages of 15 and 24 reported using the pill and roughly 25 percent used condoms. Pill and condom use decreased and female sterilization increased steadily with age. Among women between the ages of 40 and 44, only 11.0 percent reported using the pill and 11.6 percent reported using condoms. The most popular choices among this group were female sterilization (50.2 percent) and male sterilization (18.4 percent).

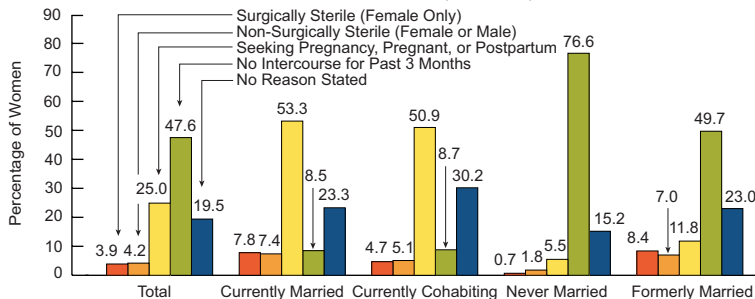
The popularity of contraceptive methods also varied across racial and ethnic groups. Non-

Hispanic White women reported using the pill most often, 34.4 percent, while non-Hispanic Black and Hispanic women reported using female sterilization most often (38.9 and 33.8 percent, respectively).

Among women who do not use contraception, never having had sex or not having sex within 3 months prior to the interview was the most commonly reported reason among women who were never married or who were formerly married (76.6 percent and 49.7 percent). Pregnancy or being postpartum was the most commonly reported reason among women who were currently married or cohabiting (53.3 percent and 50.9 percent) and 50.9 percent.

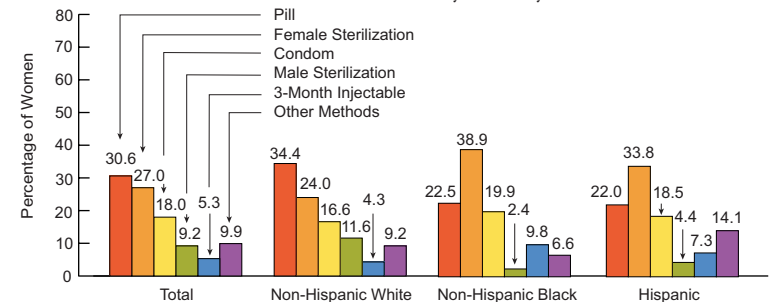
Reasons for Contraceptive Non-Use Among Women Aged 15 to 44, by Marital Status, 2002

Source (II.19): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth



Method of Contraception Among Women Aged 15 to 44, Currently Using Contraception, by Race/Ethnicity, 2002

Source (II.19): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth



BREASTFEEDING

Breast milk benefits the health, growth, immunity, and development of infants. Mothers who breastfeed have increased bone strength to protect against bone fractures in older age, reduced risk of ovarian cancer, and may have a reduced risk of breast cancer in the premenopausal years.¹

In 2003, 70.9 percent of mothers in the U.S. ever breastfed their babies. There have historically been significant variations in breastfeeding rates among socio-demographic groups within the U.S. Non-Hispanic Blacks had the lowest rates of breastfeeding initiation (51.1 percent) in 2003. This compares to a rate of 77.8 percent among Hispanic mothers and 72.2 percent among non-Hispanic White mothers. Younger mothers (under age 20) also had much lower

breastfeeding rates (54.5 percent) than older mothers; 74.9 percent of mothers age 30 and over ever breastfed. Family income is also clearly a factor, as breastfeeding rates decline from 79.7 percent for those in families with income at or above 350 percent of poverty, to 62.7 percent for those living below the poverty level. Among mothers receiving WIC program benefits, only 64.2 percent reported ever breastfeeding their babies in 2003.

Although a majority of mothers begin breastfeeding, fewer continue for 6 months or more. The largest decline was among mothers under age 20 (whose initial breastfeeding rate was 54.5 percent and 6-month continuation rate was 14.9 percent) and non-Hispanic Black mothers (whose initial breastfeeding rate was 51.1 percent and 6-month continuation rate

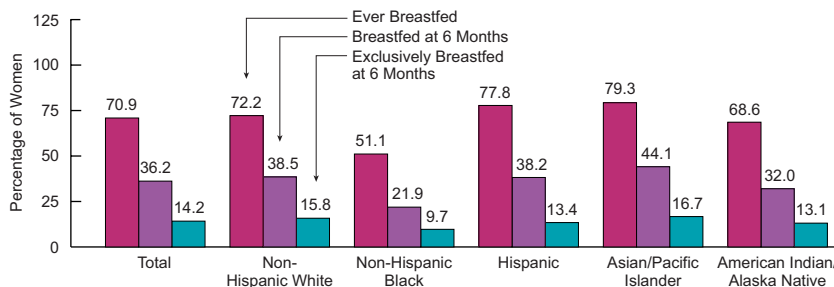
was 21.9 percent).

The American Academy of Pediatrics recommends that an infant be exclusively breastfed—without supplemental foods and liquids—for the first 6 months of age, based on research evidence of significant declines in upper respiratory and other common infections among infants who are exclusively breastfed. Yet, in 2003 only 14.2 percent of all babies were exclusively breastfed when they were 6 months old. The highest exclusive breastfeeding rates were among Asian or Pacific Islander women and mothers age 30 or older (16.7 and 16.4 percent respectively).

¹ American Academy of Pediatrics, Section on Breastfeeding. Breastfeeding and the use of human milk. *Pediatrics* 2005;115(2):496-506.

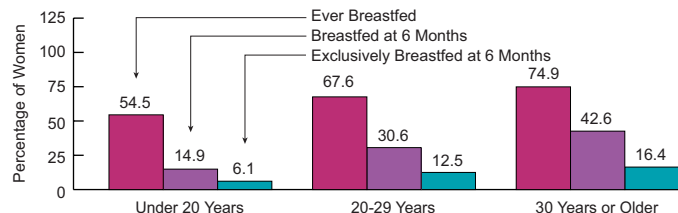
Breastfeeding Rates by Race/Ethnicity and Duration, 2003

Source (II.20): Centers for Disease Control and Prevention, National Immunization Survey



Breastfeeding Rates by Maternal Age and Duration, 2003

Source (II.20): Centers for Disease Control and Prevention, National Immunization Survey





PERINATAL DEPRESSION

Depression is a major cause of disability among women, particularly women of child-bearing age. While there is little evidence that depression rates during pregnancy are higher than at other points in a woman's life, pregnancy and the postpartum months are a period when some women may be particularly vulnerable to both major and minor depression. Perinatal depression includes major depressive episodes as well as minor depressive episodes (which are less severe but still impairing). These episodes begin during pregnancy or within the first 12 months after delivery.

The exact prevalence of perinatal depression is unknown, and estimates range from 6.5 percent to 12.9 percent of new mothers. A systematic review of the studies that produced these estimates found that new episodes of major depression alone may occur in 3.1 to 4.9 percent of women at various times during pregnancy, and in 1.0 percent to 5.9 percent of women at different times during the first year after birth. Either major or minor depression may affect 8.5 to 11 percent of women during pregnancy, and 6.5 to 12.9 percent during the first year after birth. Many women continue to suffer from depressive episodes that began prior to pregnancy.

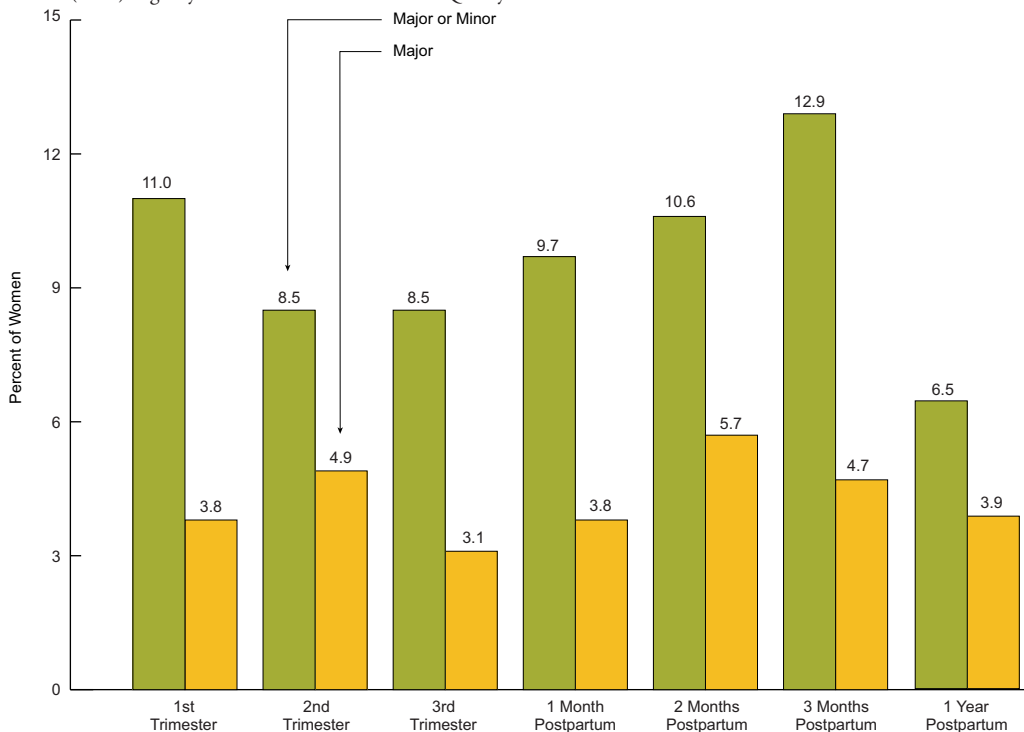
With training, physicians can screen women

accurately for major depression alone, but screening for minor depression is more difficult. Little is known about the specific risk factors for perinatal depression or the warning signs that

providers should watch for. Providing psychosocial support and counseling to pregnant women at risk of depression may be effective in decreasing symptoms of depression.

Estimated Prevalence of Perinatal Depression

Source (II.21): Agency for Healthcare Research and Quality



INFERTILITY SERVICES

In 2002, approximately 8.9 percent of women 18-44 years of age in the U.S. reported receiving infertility services at some time in their life and 2.0 percent had an infertility-related medical appointment within the past year. Infertility services include receiving advice from a medical professional, infertility testing, drugs to improve ovulation, surgery to correct tubes, and artificial insemination. Non-Hispanic White women were most likely to report ever seeking medical help to get pregnant (10.7 percent) compared to other racial and ethnic groups; non-Hispanic Black women were least likely

(4.7 percent) to seek medical help.

The average age at first birth among women in the U.S. reached an all-time national high of 25.1 years in 2002. The age at first birth has risen steadily over the past three decades from an average of 21.4 years in 1970.¹ This reflects a drop in the birth rate among teens and an increase among women in their 30s-50s. The delay in trying to conceive, coupled with the natural decline in women's fertility beginning in the late 20s or early 30s, may be one reason why women between the ages of 40 and 44 were likely to report ever seeking medical help to get pregnant; this age group represented 11.7 per-

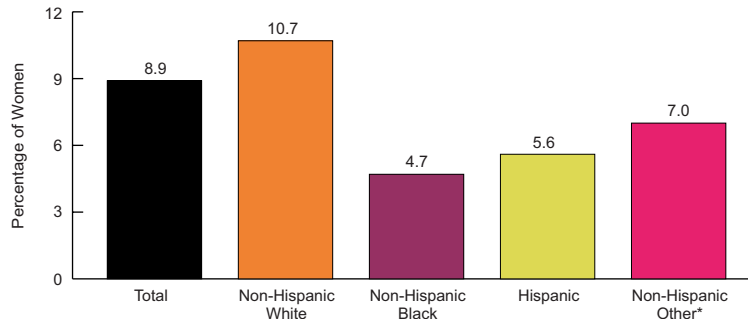
cent of women using infertility services. Women aged 30-34 years represented 34.8 percent of women using these services in the past year.

Of the approximately 5.1 million women who reported ever seeking medical help to get pregnant, 11.1 percent were currently pursuing medical help to get pregnant, and 75.8 percent had private insurance that covered some portion of their infertility services. The three most commonly reported services were advice (66.1 percent), infertility testing (21.2 percent), and drugs to improve ovulation (7 percent).

1 National Vital Statistics Reports, Vol. 52, No. 10, December 17, 2003.

Women Aged 18 to 44 Who Have Ever Received Infertility Services, by Race/Ethnicity, 2002

Source (1.4): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth



*Includes Asian/Pacific Islander, American Indian/Alaska Native and those of more than one race.

Women Aged 18 to 44 Who Have Had an Infertility Related Medical Appointment in the Past Year, by Age, 2002

Source (1.4): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Family Growth

